

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012025

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

146 3026 94
FILED MAR 11 1963

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Independence**

Length of stay in 1b
Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **10033 Wilson Rd**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY
OR
TOWN **Independence**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
10033 Wilson Rd

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First **WALTER**

Middle **L**

Last **COOPER**

4. DATE OF DEATH

Month **February**

Day **24**

Year **1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/15/15

9. AGE (last birthday)
47

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY
Sheffield Steel

11. BIRTHPLACE (City and state or country)
Kansas City Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Joseph Cooper

Unknown

Anna C Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Anna C Cooper 10033 Wilson Rd

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Pneumonia non-specific

INTERVAL BETWEEN ONSET AND DEATH
6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myeloproliferative Indolent Disease, unknown

DUE TO (c)

Acute massive fatty infiltration of liver, unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis of liver

PART III. If deceased was female was there a pregnancy in last 90 days:

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw him alive on **12/31/62**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

2/27/63

23c. NAME OF CEMETERY OR CREMATORY

St Mary's Cemetery

23d. LOCATION (City, town, or county)

Kansas City Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home Kansas City Mo

25. DATE RECD. BY LOCAL REG.

2-26-63

26. REGISTRAR'S SIGNATURE

Alta L. Craig

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 656

working under my personal supervision.

Student

Jimmy S. Birch
Signature of Student Embalmer

Signed

Thomas A. Shul

Licensed Embalmer No.

4954

P. O. Address

S. P. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

2-26-63